

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/954571

FILING DATE
9/11/01

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1							51				
2							52				
3							53				
4							54				
5							55				
6							56				
7							57				
8							58				
9							59				
10							60				
11							61				
12							62				
13							63				
14							64				
15							65				
16							66				
17							67				
18							68				
19							69				
20							70				
21							71				
22							72				
23							73				
24							74				
25							75				
26							76				
27							77				
28							78				
29							79				
30							80				
31							81				
32							82				
33							83				
34							84				
35							85				
36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	1						TOTAL IND.				
TOTAL DEP.	39	↔					TOTAL DEP.				
TOTAL CLAIMS	40						TOTAL CLAIMS				

CLAIMS ONLY

SERIAL NO. *09954571* FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
	1	/						51			
2		/				52					
3		/				53					
4		/				54					
5		/				55					
6		/				56					
7		/				57					
8		/				58					
9		/				59					
10		/				60					
11		/				61					
12		/				62					
13		/				63					
14		/				64					
15		/				65					
16		/				66					
17		/				67					
18		/				68					
19		/				69					
20		/				70					
21		/				71					
22		/				72					
23		/				73					
24		/				74					
25		(				75				
26		(				76				
27		(				77				
28		)				78				
29		)				79				
30		)				80				
31		)				81				
32		)				82				
33		)				83				
34		)				84				
35		)				85				
36		)				86				
37		)				87				
38		)				88				
39		)				89				
40		)				90				
41						91					
42						92					
43						93					
44						94					
45						95					
46						96					
47						97					
48						98					
49						99					
50						100					
TOTAL IND.		/									
TOTAL DEP.	39										
TOTAL CLAIMS	40										

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS